| Application or Docket Number   |  |                                 |                                       |   |                              |                                   |                              |               |                        |           |                |               |
|--|--|---------------------------------|---------------------------------------|---|------------------------------|-----------------------------------|------------------------------|---------------|------------------------|-----------|----------------|---------------|
| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000  GB 9200000 72 US I |  |                                 |                                       |   |                              |                                   |                              |               |                        |           |                |               |
| (Column 1) (Column 2)  |  |                                 |                                       |   |                              |                                   |                              | SMALL EN      | mmy □                  | OR        | OTHER SMALL E  |               |
| TOTAL CLAIMS   |  |                                 | 11                                    |   |                              |                                   | 1                            | RATE          | FEE                    |           | RATE           | FEE           |
| FOF  | }  | NUMBER FILED                    |                                       | NUMBER EXTRA  |                              |                                   | BASIC FEE                    | 355.00        | OR                     | BASIC FEE | 710.00         |               |
| TOTAL CHARGEABLE CLAIMS  |  |                                 | // minus 20=                          |   | · P                          |                                   |                              | X\$ 9=        |                        | OR        | X\$18=         |               |
| INDEPENDENT CLAIMS   |  |                                 | / minus 3 =                           |   | · D                          |                                   |                              | X40=          |                        | OR        | X80=           |               |
| MUL  | TIPLE DEPEND                                   | DENT CLAIM P                    | RESENT                                |   |                              | ′ 🗅                               |                              |               |                        | OR        | .+270=         |               |
| • 111  | the difference i                               | n column 1 is                   | less than zero, enter "0" in column 2 |   |                              | _                                 | +135 <del>₽</del><br>TOTAL - | ·             | 133                    | TOTAL .   |                |               |
|  | CL   | AIMS AS A                       | MENDED                                | D - PART II-  |                              |                                   |                              |               | ENTITY                 |           | OTHER<br>SMALL |               |
| _  |  | (Column 1)                      |                                       |   | mn 2)<br>HEST                | (Column 3                         | ۱ ۱                          | SMALL         |                        | OR<br>1   | SMALL          | ADDI-:        |
| AMENDMENT A  |  | REMAINING<br>AFTER<br>AMENDMENT |                                       | NUA<br>PREV   | ABER<br>HOUSLY<br>FOR        | PRESENT<br>EXTRA                  |                              | RATE          | ADDI:<br>TIONAL<br>FEE |           | RÂTE           | TIONAL        |
| DIME   | Total  | . 19                            | Minus_                                | ·· 21   | ).                           | = 0                               | ]                            | X\$ 9=        |                        | OR        | _X\$18=        |               |
| ME.  | 7  |                                 | Minus                                 | ••• 5   | 3                            | = /6.5                            |                              | X40=          |                        | OR        | X80=           | 2             |
| _  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                 |                                       |   |                              | _ 1]                              | j                            | +135=         |                        | OR        | +270=          |               |
|  |  |                                 |                                       | • •   |                              |                                   |                              | TOTAL         |                        | OR        | YOTAL          |               |
|  | (Column 1). i (Column 2) (Column 3)            |                                 |                                       |   |                              |                                   |                              | ADDIT. FEE    | <u> </u>               |           | ADDIT. FEE     | .:            |
|  | CLAIMS.  |                                 |                                       | HIG   | HEST                         |                                   | 1                            |               | ADDI-                  | 1         |                | ADDI-         |
| F  |  | REMAINING<br>AFTER<br>AMENDMENT |                                       | PREV  | MBER<br>NOUSLY<br>D FOR      | PRESENT                           |                              | RATE          | TIONAL<br>FEE          |           | RATE           | TIONAL        |
| AMENDMENT B  | T tel  | - T                             | Minus                                 | 2   | 20                           | - Ø                               |                              | X\$ 9=        |                        | ОЯ        | X\$18=         |               |
| MEN  | Independent                                    | • "                             | Minus                                 | •••   | 3                            | = 0                               | ]                            | X40=          |                        | ÓR        | X80=.          |               |
| F  | FIRST PRESE                                    | NTATION OF M                    | IULTIPLE DEF                          | ENDEN   | IT CLAIM                     |                                   | J                            | +135=         |                        | OR.       | +270=          |               |
|  | ,  | •                               |                                       |   | •                            |                                   |                              | YOTAL         |                        | OR        | . YOTAL        |               |
|  | (Column 1) (Column 2) (Column 3)               |                                 |                                       |   |                              |                                   |                              | ADDIT. FEE    |                        |           | ADDIT. FEE     |               |
|  | CLAIM:   |                                 |                                       | HIGHEST   |                              |                                   | 7                            |               | ADDI-                  | 1         |                | ADDI-         |
| -AMENDMENT C   |  | REMAINING - AFTER AMENDMENT     |                                       | PRE   | MBER<br>/IOUSLY<br>D FOR     | PRESENT<br>EXTRA                  |                              | RATE          | TIONAL<br>FEE          |           | RATE           | TIONAL<br>FEE |
|  | Total '  | •                               | Minus                                 | ••  |                              | •                                 |                              | X\$ 9=        |                        | OR        | X\$18=         |               |
|  | Independent                                    | •                               | Minus                                 | ***   |                              | =                                 | 1                            | X40=          | <u> </u>               | OR        | X80=           |               |
|  | FIRST PRESE                                    | NTATION OF I                    | AULTIPLE DE                           | PENDE   | NT CLAIN                     | 4                                 | L                            | +135=         |                        | OR        | +270=          |               |
|  | If the entry in colu                           | ımn 1 is less than              | the entry in col                      | e entry in column 2, write "0" in column 3.<br>Id For IN THIS SPACE is less than 20, anter "20. |                              |                                   |                              | TOTAL         |                        | OR        | TOTAL          |               |
| -  | If the "Highest Nu                             | mber Proviously                 | Paid For IN TH                        | IS SPAC<br>IS SPAC  | E is less th<br>F is less th | an 20, enter 7<br>an 3. enter 73. |                              | ADDIT. FEE    |                        | ,         | AUUII. FEE     | ــتنتــا      |
| Ι.   | The Highest Nur                                | mber Previously F               | aid For (Total o                      | r Indepe  | nden1) is t                  | ne highest num                    | noer f                       | ound in the a | ppropriate b           | OX UN C   | Quarin 1.      |               |